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FILED

Mar 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000024515 (4)

1. Corporation Name

CAPITAL TITLES, INC.

Principal Place of Business

2289 TAMiami TRAIL EAST  
NAPLES FL 34112  
US

Mailing Address

2289 TAMiami TRAIL EAST  
NAPLES FL 33962  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1996

4. FEI Number

65-0855602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

34112

Country

24

25

9. Name and Address of Current Registered Agent

SAMS, THOMAS E  
2291 TAMiami TRAIL E  
NAPLES FL 33962

34112

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Thomas E Sams

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/11/98

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP  
SAMS, THOMAS E  
3891 11TH AVE  
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DVP  
EGAN, KENNETH M  
3891 11TH AVE SW  
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
BROWN, JOEL E  
3891 11TH AVE SW  
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DS  
SAMS, LORRAINE M  
3891 11TH AVE SW  
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DT  
BROWN, JANINE F  
3891 11TH AVE SW  
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas E Sams

2/11/98

(941) 776-5004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0443444

CP2E034 (10/97)